

Spectrum (Devon and Cornwall Autistic Community Trust)

Springfield House

Inspection report

Springfield House
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Cornwall TR6 0JA
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Website: www.spectrumasd.org

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Ratings

Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

Overall summary

We carried out this unannounced inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008 and to pilot a new inspection process being introduced by CQC which looks at the overall quality of the service.

Springfield House provides accommodation and personal care for up to five people who have autistic spectrum disorders. There were three people living at the

home on the day of the inspection visit. The home had appointed a manager and their application to be formally registered with the Care Quality Commission had been received. A registered manager is a person who has registered with the Care Quality Commission to manage the service and shares the legal responsibility for meeting the requirements of the law with the provider. The manager of Springfield House was on leave and therefore

Summary of findings

was not present during this visit. However the divisional manager had previously been the manager of the service until June 2014 and therefore attended to assist with this inspection.

On the day of the inspection we saw people looked well cared for and their needs were met quickly and appropriately. People who used the service had complex health and communication needs and therefore feedback was limited. One person told us “its good here”.

We saw people were happy living at Springfield House. The atmosphere was friendly and relaxed and we observed staff and people enjoying each others company. We saw staff talking with people in a friendly manner. We saw they assisted people as they needed whilst encouraging people to be independent.

We found the service was meeting the requirements of the Deprivation of Liberties Safeguards. People’s human rights were properly recognised, respected and promoted.

We saw care records were of a high standard and contained detailed information to guide staff who were supporting people. Risk assessments were completed and regularly reviewed. We found people were supported to live full and active lives and access the local community. People were able to take part in a varied range of activities which reflected their individual hobbies and interests.

Staff demonstrated a caring attitude towards the people living at Springfield House. People were supported to maintain strong relationships with their families. People’s preferred method of communication was taken into account and respected.

Staff were well supported through a system of induction, training, supervision, appraisal and professional development.

There was a positive culture within the service which was demonstrated by the attitudes of staff when we spoke with them and their approach to supporting people to develop their independence. We saw the service was organised to suit the needs of the people who lived there.

We found there were positive relationships between staff and management. Everyone who worked at Springfield house who we spoke with demonstrated compassion and respect for the people they supported.

The service was well-led. The views of people living at Springfield House and those of the staff team were actively sought out by the manager. Accidents and incidents were appropriately recorded and analysed. There were robust quality assurance systems in place.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe because there were enough staff to support people and they were knowledgeable about people's needs.

We found the location to be meeting the requirements of Mental Capacity Act and Deprivation of Liberty Safeguards. This helped to ensure people's rights were respected.

We found the service managed risk well whilst ensuring people led a full life.

Good



Is the service effective?

The service was effective. In addition to training essential to the service staff received additional training in areas specific to the people they supported.

Staff were well supported through a system of regular supervision and training. This meant people were cared for by staff with up to date information and knowledge.

People had access to a wide range of healthcare services which meant their day to day health needs were met.

Good



Is the service caring?

The service was caring because there was a calm and friendly atmosphere within the home and staff helped people maintain their privacy. This showed us people's dignity was protected and respected.

People were encouraged to maintain and develop their independence. We saw relationships between staff and people were strong and supportive.

Staff knew the people they were caring for well and communicated with them effectively. This showed us staff were able to respond to people's needs.

Good



Is the service responsive?

The service was responsive. Care plans were personalised and reflected people's individual needs. This meant staff knew how people wanted to be supported.

People's individual methods of communicating were identified and respected.

People had access to a wide range of meaningful activities and were supported to be involved in their local community. Staff were aware of what mattered to people and ensured those social needs were met.

Good



Is the service well-led?

The service was well-led. We found there was an open and positive culture within the home. Staff told us the manager was approachable if they had any concerns or suggestions.

Good



Summary of findings

The views of people connected with the service were actively sought out and we saw people approach staff without hesitation.

The service had links with other health care professionals. This showed us they were able to identify best practice.

Springfield House

Detailed findings

Background to this inspection

We visited Springfield House on 8 July 2014. This was an unannounced visit. On the day of our visit we spoke with the three people who were living at Springfield House, three care staff and the divisional manager. We observed care and support in communal areas and saw a range of records about people's care and how the home was managed.

The inspection team consisted of a lead inspector. Before our inspection we reviewed the information we held about the home. This included previous inspection reports and information supplied to us by the provider. We reviewed the Provider Information Record (PIR) which was information given to us by the provider. This enabled us to ensure we were addressing potential areas of concern and those that had not been reviewed for a while. We also spoke with two commissioners (from the local authority) to gather their views on the service.

At our last inspection in November 2013 we did not identify any concerns with the care provided to people who lived at Springfield House. During this inspection we looked at care plans for two people, three staff files and documents in respect of the homes quality assurance systems and medication processes.

This report was written during the testing phase of our new approach to regulating adult social care services. After this testing phase, inspection of consent to care and treatment, restraint, and practice under the Mental Capacity Act 2005 (MCA) was moved from the key question 'Is the service safe?' to 'Is the service effective?'

The ratings for this location were awarded in October 2014. They can be directly compared with any other service we have rated since then, including in relation to consent, restraint, and the MCA under the 'Effective' section. Our written findings in relation to these topics, however, can be read in the 'Is the service safe' sections of this report.

Is the service safe?

Our findings

One person told us they felt safe at Springfield House, the two other people did not verbalise a view. During our visit we spent time in the communal areas with people and staff. Due to people's complex health needs we were not always able to verbally seek people's views on the care and support they received. We observed people were relaxed and at ease in each others company. We saw that when people needed support they turned to staff for assistance without hesitation.

The Care Quality Commission (CQC), is required by law to monitor the operation of Deprivation of Liberty Safeguards. We discussed the requirements of the Mental Capacity Act (MCA) 2005 and the associated Deprivation of Liberty Safeguards (DoLS), with the divisional manager. They demonstrated an understanding and knowledge of the requirements of the legislation. It is important a service is able to implement the legislation in order to help ensure people's human rights are protected. We found the location to be meeting the requirements of the Deprivation of Liberty Safeguards. We looked at training records for the staff team and saw all staff had received training in the MCA and DoLS. Staff told us they had a basic understanding of the principles underpinning the legislation. This helped ensure staff would know what the legal requirements were if someone's freedom was restricted.

We spoke with four members of staff about safeguarding and what they would do if they suspected abuse was taking place. All told us they would have no hesitation in reporting any issues to the manager and were confident these would be acted on. Staff were aware of the organisations safeguarding policy and procedures. They had attended safeguarding training and knew who to contact within and, outside of the organisation if they had a concern. This meant people were protected from the risk of abuse because staff were trained to identify signs of possible abuse and knew how to act on any concerns.

We looked at care records for two of the people living at Springfield House. Care plans were well laid out and regularly updated to reflect people's changing needs. We saw they all contained risk assessments which were specific to the needs of the individual. For example we saw assessments had been completed regarding one person's work placement and associated activities. All people living at Springfield House had a risk assessment completed in

how they would respond to a fire alarm and what support they would need to ensure they left the building safely. Risk assessments were regularly reviewed and offered clear guidance for care staff on how to minimise identified risks. This demonstrated that the service protected people from risk whilst supporting them to lead full lives.

On the day of our visit there were sufficient trained staff on duty to meet the needs of people who lived at the home. Commissioners assessed each person at the home to ensure the correct staffing levels were identified to meet the persons individual's needs. Staff told us when minimum staffing levels for the service were on duty they felt there were sufficient staff available to meet the needs of the people living at Springfield House. They told us they felt that they had time to spend with the people living at the home. We looked at staff rotas which confirmed the minimum staffing levels were observed at all times. Staff were able to spend time chatting with people about their day as well as attending to people's personal care needs.

The support was unrushed and staff were able to give one to one support as commissioned by the local authority. The divisional manager told us the home was fully staffed and they used staff from Spectrums 'bank' staff team to cover any vacant shifts. The manager had dedicated administration hours. This meant they were able to carry out their management duties effectively. This showed that Springfield house was appropriately staffed to meet people's needs.

We were notified prior to the inspection of a error in the administration of a persons medicines. We reviewed the organisations medicines policy and found it to be satisfactory. We saw records which showed the manager had liaised with the community pharmacist and doctor to ensure that a more robust system was implemented to reduce future medicine errors. We saw training records to confirm staff had recently attended, or were booked to attend up dated medicines training. In discussion with staff we found them to be knowledgeable about the medicine that needed to be administered and the new systems put in place to reduce future errors. This meant that people's medicine was now managed safely and appropriately ensuring people were protected from the risk of not receiving their medicine as prescribed. We also counted the medicines in stock, against records completed by the organisation and found that they tallied. This meant that all medicines were accounted for at the home.

Is the service effective?

Our findings

Staff had the knowledge and skills necessary to carry out their roles and responsibilities effectively. We looked at the training records for the home and saw staff received regular training in areas essential to the service such as fire safety, infection control and food hygiene. Further training in areas specific to the needs of the people using the service was provided. For example training in autism awareness and communication techniques. Staff all said they had enough training to do their job properly. We spoke with one member of staff who had recently joined the organisation. They told us the two week induction was “comprehensive” and covered a wide range of topics. There was a period of shadowing more experienced staff prior to working alone. They told us they had felt confident and competent to start supporting people when the induction period was completed.

Staff told us they received regular supervision every six to eight weeks and annual appraisals. We confirmed this from the records. We saw supervisions covered training needs, individual professional targets for the staff member, any concerns regarding working practices or individuals using the service and ideas for progressing the individual development of people using the service. Staff told us supervisions were useful for their personal development as well as ensuring they were up to date with current working practices. This showed us staff had the training and support they required to help ensure they were able to meet people's needs.

We spoke with one person about how they were involved in choosing their food. They told us they all picked two meals a week and on the Sunday they all had a roast dinner. There were pictorial prompts to aid people to pick meals and a pictorial menu was on display in the kitchen. The person told us they were happy with this arrangement and the food was “nice”. They told us that staff cooked the main meals but they were able to prepare their own snacks and drinks, with support as necessary.

Staff said people had access to good quality food and there was plenty of choice. We saw the fridge was well stocked with a range of fresh food. Staff told us people's preferences in respect of food were recorded in care plans and staff knew these well. For example one person had a vegetarian diet and so their meals were varied to accommodate this. We spent time with staff and people whilst they had a mid morning snack and saw that they chose what they wanted to eat and drink. We saw fresh fruit was readily available and that people could make snacks or drinks at any time, with staff support as needed. This meant that people were supported to maintain a healthy diet.

We looked at the care plans for two people who lived at Springfield House. People's care records were well laid out and contained detailed information regarding many aspects of their care. People's care plans contained details regarding other health professionals and their contact details as well as easy read, health action plans which outlined what support people needed in an accessible format. Records showed people were supported to see their GP and dentist regularly.

The divisional manager and staff told us how the service dealt with people's changing health needs by consulting with other professionals where necessary. For example one person had recently had a medication review and the dosage of medications had been changed. Records of the conversations between doctors and staff were seen and had been transferred to the person's care plan. The manager had sought the opinions of the community learning disability nurse and doctors regarding the persons subsequent treatment so they could be assured of getting the right advice. The local authority told us staff had taken on board the advice the doctor had given them promptly. This meant that the person received consistent care from all the health and social care professionals involved in their care.

Is the service caring?

Our findings

The people who lived at Springfield House told us the staff were nice". We saw staff spoke with people kindly and made sure people were comfortable and occupied. People's care plans showed that people's preferred communication skills were identified and respected. For example some people responded verbally and others also used picture symbols as a visual tool to assist them in understanding what activity they would undertake next. This showed that Springfield House shared information with people in a meaningful way.

We spent some time in communal areas observing interactions between staff and people who lived at Springfield House. We saw staff were respectful and spoke to people kindly and with consideration. They were unrushed and caring in their attitude towards people. We saw relationships between people were relaxed and friendly and there were easy conversations and laughter. One person told us; "It's good here" and at the same time put their thumbs up to show they were pleased with the care they received at the home.

During our visit we saw care staff involved people with their care, treatment and support. People were given time to process information and communicate their response. For example one person showed us the paintings and model works they had completed. These were on display in the communal areas, as well as in their own private space. We heard care staff ask the person which shops they wanted to visit to purchase further art equipment. The person identified where they wanted to go and their request was then responded to. They went to the shop of their choosing and returned later to the home with the art equipment they needed. This showed that people's choices were listened and responded to.

People told us they liked all the staff who supported them. They received personalised care which was responsive to their needs. The two care plans we looked at were individualised and took into account information regarding the person's interests and preferences as well as their health needs. For example we saw detailed plans about how a person wished to be supported during their morning routine.

Staff told us how they maintained people's privacy and dignity generally and when assisting people with personal

care. For example, by knocking on bedroom doors before entering and gaining consent before providing care. They told us they felt it was important people were supported to retain their dignity and independence. As we were shown around the home we observed staff knocked on people's doors and asked if they would like to speak with us. We saw records that showed people had been asked if they wanted a key to lock their own bedroom door, one person wanted this and they had their own key. This meant that the persons privacy and dignity was promoted and encouraged. We saw that one person had locked his door, which showed this was respected.

We observed that when any personal care was required care staff offered support unobtrusively and in a manner which ensured the person's dignity was maintained. For example one person needed some support with bathing. The staff member ensured they were dressed appropriately to return back to their bedroom from the bathroom. The staff member prompted the person discreetly and went with the person to carry out the care in private.

People were smartly dressed and looked physically well cared for. People had specified in their care plan that they wished to be involved in choosing their clothes, and liked to look 'smart'. This showed that staff took time to assist people with personal care and respected people's individual preferences.

Staff told us they had opportunity to have one to one time with people. A member of staff told us they would often sit and chat with people. We saw this occur throughout our visit and this was recorded in care notes. This demonstrated that staff took time to listen to people.

We saw the service was innovative and creative when identifying ways to enable people to express their views. Around the home there were various examples of the use of pictures and symbols to help inform people and involve them in day to day decisions. For example we saw pictorial menus, activity rota's and easy read versions of people's individual care plans. This showed that the home considered the preferred method of communication for each person who lived at Springfield house

People living at Springfield house were supported by care staff who knew them and their needs well. This ensured care was consistent and delivered in a way which met people's individual needs. We saw care plans contained

Is the service caring?

information regarding people's hobbies, likes and dislikes and information about what was important to the individual as well as practical information. For example in one care plan it was recorded that for one person their favourite thing was a popular book character. It explained

that when distressed if staff had a conversation with the person regarding this it would help the person feel calmer. Another identified that a routine at bedtime was important to the person and there was a clear description of this to guide staff.

Is the service responsive?

Our findings

People were consulted about the support they received. We heard staff ask people what they wanted to do and how they wished to spend their day. In discussion with staff and the divisional manager we heard how the service endeavoured to help people maintain relationships with family and friends. People told us staff arranged for them to see their families and supported them to meet up if necessary.

Care files contained information about people's life histories which is important for those supporting them as it can give an insight into what has made the person who they are today. It also identified people's likes/dislikes and interests which the home then attempted to accommodate. We saw that people were able to take part in a range of activities which suited their individual needs. On the day of the inspection all of the people who lived at Springfield house were taking part in various individual activities. One person was preparing to attend a work placement and staff supported the person to phone their work to check what was for lunch. If they did not like it another option for lunch would then be considered.

People's care plans were up dated and reviewed on a regular basis to ensure they reflected people's changing needs. We saw one person who used the service had signed their care plan. People were involved in reviewing their care along with other interested parties. The person's ideas as to how they would like to progress their living skills were discussed in these reviews and agreement made as to how this would be achieved. For example one person had completed a 'what I want to achieve' document as part of their care plan review. In this the person had stated they would like to attend church. The person told us this had now been arranged. This meant that staff responded to their request to ensure their spiritual needs were met.

In addition to care plans each person living at Springfield House had daily records which were used to record what people had been doing and any observations regarding their physical or emotional well being. We saw these were completed regularly and staff told us they were a good tool for quickly recording information which gave an overview of the days events for staff coming on duty.

We found people's views were actively sought, listened to and acted on. We saw people who used the service completed monthly satisfaction surveys. The results of these were positive. In addition we saw minutes of 'house meetings' which gave an opportunity for people who used the service to be involved in the decisions in how the home was ran, for example their views were used to change the planning of the menus, their activities and holidays.

We saw the homes complaints procedure which provided people with information on how to make a complaint. A easy read version was also available for people which used written and pictorial symbols so that it was presented in a more meaningful way. The policy outlined the timescales within which complaints would be acknowledged, investigated and responded to. It also included contact details for the Care Quality Commission, the local social services department, the police and the ombudsman so people were able to take their grievance further if they wished. We asked people who lived at Springfield House if they would be comfortable making a complaint. People told us they would be. No-one we spoke with had any complaints.

Staff told us how two of the people living at Springfield House would be unlikely to complain or speak up if they were unhappy or worried about anything. They described to us how they would know, by observing their behaviour whether there was something wrong and how they would support the person to share their worries.

Is the service well-led?

Our findings

We found Springfield House was managed effectively and had a positive culture and clear set of values which included compassion, dignity, respect and independence. The manager of Springfield House had submitted an application to be the registered manager of the service. This is in process. The divisional manager has worked for Spectrum for many years and knows the people at the service well and has a understanding of their care needs and the service that Springfield House provides. The newly appointed acting manager has been in post for 2 months and has vast experience of working within the care sector: the manager is supported fully by the divisional manager.

Staff we spoke with were positive about the support they received from management. They described the management team as: "approachable". Staff told us they worked well together. One commented: "It is an excellent staff team." We spoke with another member of staff who had recently joined the team, they told us they had worked with a more experienced member of staff for the first few shifts to enable them to get to know people and see how best to support them prior to working alone. This meant that the staff member got to know the individual people well so that they could provide personal care in a consistent manner to which the person was familiar with.

One new member of staff told us they felt able to ask if they had any concerns or were unsure about any aspect of their role. Staff described the staff team as, "we are a good team, everyone works together." Staff were clear about levels of responsibility and accountability at Springfield House and were aware of whom to go to with any problems.

The organisation had practices in place to ensure staff were kept up to date with policies and refreshed their knowledge regularly. For example, staff signed the policy to evidence that they had read it.

From our discussions with staff, and from looking at training records, it was evident that staff attended updated training. Staff work practice was observed on a daily basis plus discussed in supervision which allowed the person to reflect on how they provided care to people living at the home.

The service was proactive in seeking out the views of people who lived at Springfield House and the people that mattered to them. People completed a monthly

satisfaction survey. We looked at the results and saw they were largely positive. In addition people who used the service attended 'house meetings' which gave people the opportunity to discuss the running of the home, plans for the future and raise any areas of concern. This demonstrated Springfield House collected people's views about their experience of living at the home and used them as an opportunity to review how the home was run to meet people's needs. For example a review of the menus was undertaken following feedback from people to ensure food provided was to everyone's satisfaction.

Staff meetings were held regularly. We saw the minutes from the last staff meeting. This was an opportunity to discuss the health needs of residents and organisational issues as well as any concerns staff might have. We saw management had used staff meetings to consult with the staff team on how best to organise the duty rota. This demonstrated management listened to staff and acted on their concerns.

We saw from the staff supervision records that there was an opportunity within supervision sessions to air any problems staff might have or suggest any ways in which the service could improve. Staff we spoke with confirmed they were encouraged to make suggestions regarding how improvements could be made to the quality of care and support offered to people. This demonstrated the management believed in openness and were willing to listen.

We saw there were systems in place to manage and report incidents and accidents. If a person presented behaviours which could challenge these were analysed for trends and action taken to reduce the chance of the eventuality re-occurring.

The divisional manager and manager of the service separately completed, every other month, a audit of the home and produced a report. Areas audited included care planning processes, health and safety checks and house maintenance schedules, staffing competencies and records and other administration. From this an action plan was devised so that any further improvements to the running of the home were identified and addressed. This showed that the organisation continually strives to identify if there were any gaps in the service provided and how these would be rectified to meet the needs of the people living and working at the home.